

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Commissioner for Patents Mail Stop Reissue P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	2271/53467-A1
	First Named Inventor	Sunichi SATO
	Original Patent Number	5,904,549
	Original Patent Issue Date (Month/Day/Year)	05/18/1999
	Express Mail Label No.	EV 325702590 US

APPLICATION FOR REISSUE OF:
 (Check applicable box)


Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	<input type="checkbox"/> Ribboned Original Patent Grant
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	<input type="checkbox"/> Statement of Loss (PTO/SB/55)
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
6. <input type="checkbox"/> Power of Attorney	13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	15. <input checked="" type="checkbox"/> Preliminary Amendment
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	17. Other: _____
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)	
a. <input type="checkbox"/> Computer Readable Form (CRF)	
b. Specification Sequence Listing on:	
i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or	
ii. <input type="checkbox"/> paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	23432	or <input type="checkbox"/> Correspondence address below
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NAME (Print/Type)	Iyan S. Kavrukov	Registration No. (Attorney/Agent)	25,161
Signature	<i>Iyan S. Kavrukov</i>	Date	June 24, 2003

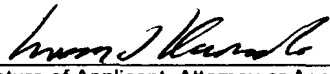
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The PTO did not receive the following listed item(s) drawing page 4 and 6

 02499 U.S. PTO
 10/603418

06/24/03

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 2271/53467-A1		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 21	Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(i))	(B) 38 (D) 21	**** 17 =	x \$ _____ =		or	x \$ 18 = 306.00	
(C) 6			* 15 =	x \$ _____ =			x \$ 84 = 1260.00	
Basic Fee (37 CFR 1.16(h)) \$ _____						OR	\$750.00	
Total Filing Fee \$ _____							\$2316.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee \$ _____						OR	\$ _____	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>03-3125</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>2316.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>June 24, 2003</u></p> <p>Date</p> </div> <div style="width: 45%; text-align: center;"> <p></p> <p>Signature of Applicant, Attorney or Agent of Record</p> <p>Ivan S. Kavrukov</p> <p>Typed or printed name</p> </div> </div>								

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Reissue Application Of: Shunichi SATO

For: METHODS FOR GROWING SEMICONDUCTORS AND
DEVICES THEREOF FROM THE ALLOY
SEMICONDUCTOR GAINNAS

Reissue Application No.: Continuation of Reissue Application S.N. 09/860,369

Reissue Application Filing Date: Concurrently herewith

Original Patent No.: 5,904,549

Original Patent Granted On: May 18, 1999

1185 Avenue of the Americas
New York, New York 10036

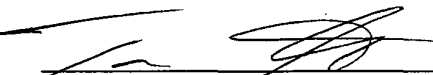
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EXPRESS MAIL LETTER OF TRANSMITTAL

Express Mail mailing label number EV325702590US
Date of Deposit June 24, 2003

Sir:

I hereby certify that the above-identified continuation reissue application (consisting of the Abstract, 6-page specification, 21 original cancelled patent claims, 7 sheets of formal drawings, Cont. Reissue Application Declaration by Inventor, Consent of Assignee, Statement under 37 C.F.R. 3.73(b), Statement Pursuant to 37 CFR 1.173(c), Preliminary Amendment, 3 copies of transmittal form, and check for the \$2,316 filing fee) is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Cooper & Dunham Employee
Depositing Express Mail Material

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